

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10/546010**

FILING DATE

APPLICANT(S)

**8118105**

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		1			
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TOTAL IND.		4			
TOTAL DEP.		3			
TOTAL CLAIMS		7			

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TOTAL IND.			
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TOTAL CLAIMS			